

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43624

State File No.

FILED JAN 26 1951

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5659 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural</u> <u>Canton</u> c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural</u> <u>Canton</u> <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Adeline</u> c. (Last) <u>Hanley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>28</u> , 19 <u>50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1879</u>
9. AGE (In years last birthday) <u>71</u>		10. AGE (In years last birthday) <u>71</u>	11. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME: <u>Samuel P. Gwin</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Hawkins</u>	
14. NAME OF HUSBAND OR WIFE <u>David Hanley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Howard Legg, Monticello, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VASCULAR DISEASE OF HEART</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4214</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Aug. 10</u> , 19 <u>50</u> , to <u>Dec. 28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 11</u> , 19 <u>50</u> , and that death occurred at <u>2:00 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. W. Jennings M.D.</u>		23b. ADDRESS <u>CANTON Mo.</u>	
23c. DATE SIGNED <u>12-31-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bluff Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Clark County, Missouri</u>		25. DATE REC'D BY LOCAL REG. <u>12-31-50</u>	
26. REGISTRAR'S SIGNATURE <u>P. St. Jennings M.D.</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Bailey Canton Mo.</u>	
28. ADDRESS <u>161</u>		29. ADDRESS <u>161</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-149
Date Filed: JAN 24 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Earl H. Buckley

Licensed Embalmer No. *2615*

P. O. Address

Canton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.